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Empowerment Potential of Social Work Techniques among Practitioners in Israel and the USA

Khawla Zoabi and Iddo Gal

Abstract

Even though empowerment is an intervention approach that occupies an important place in social work, social workers' perceptions of intervention techniques that may empower their clients have not been examined. This paper reports the findings of a pilot study on the perceptions of social workers regarding the empowerment potential of various intervention techniques. Data were collected on convenience samples of social workers in Israel and the USA. The findings indicate that the social workers in the two countries broadly agree on the high empowerment potential of techniques aimed at helping clients to change their behaviors so as to make their conduct more functional and to augment their control over their lives but have differing perceptions regarding the empowerment potential of other approaches, including therapeutic approaches, aspects of service delivery, and means of providing support. Further study is recommended to better understand the relationship between social workers' perceptions of the empowerment potential of different approaches and techniques and their cultural backgrounds.

Keywords: empowerment, intervention techniques, nationality groups, cultural differences

1. Introduction

In the recent decades, empowerment has become an important theme in the social and behavioral sciences, and ideas about empowerment appear in the literature of a number of knowledge areas [1], adult education being a salient example [2, 3]. In social work, empowerment now has several meanings, referring both to the desired condition or state for which professional interventions aim and to the intervention methods to use in order to reach that state [4].

The social work literature views the empowerment process, whether at the individual, group, or community level, as involving clients' movement from feelings of helplessness to a sense of control over their behaviors and events in their lives [5, 6]. Gutierrez [7] has conceptualized empowerment as the acquisition of personal, interpersonal, or political power to improve the lives of marginalized people. The literature has explored in some detail approaches that can be used to help empower groups and communities (e.g., [8–11]). However, there is less clarity on the intervention methods that can be used to promote empowerment at the level of the individual. Among other things, little is known about practitioners' thinking about intervention

techniques that may empower their individual clients. This is the case despite the fact that individual-level interventions are part and parcel of the work of social workers worldwide, whether in elder care, child welfare and protection, substance abuse, domestic violence, or many other areas of practice. A similar gap was recently noted in research on strength-based practice [12].

Although the fundamental principles of the empowerment approach have been explored extensively in the theoretical and research literatures of social work, neither of these literatures is very specific as to which intervention approaches and techniques are the most appropriate to apply when working with individual clients [13]. Although social workers wishing to foster their clients' empowerment [14, 15] have free rein in choosing and integrating a wide range of approaches in their practice, there has been little if any study to date of which approaches they prefer for the purpose. The main aim of the present study is thus to better understand how social workers perceive the empowering potential of techniques that can be part of their professional repertoire in their work at the individual level. Before stating the goals of the study, the remainder of this section reviews the literature on empowerment while focusing on techniques that can be used to foster empowerment at the individual level.

1.1 Empowerment: definitions, processes, and potentials

Empowerment refers both to the state where people feel that they can control their destiny and can take action to achieve their goals [16] and to the processes that enable them to attain that state. Most theoretical models of empowerment are based on the premise that all persons have the capacities to deal constructively with the challenges in their lives [2, 11, 16, 17], but that various external and/or internal factors may prevent these capacities from being fulfilled. Initially, the professional literature on empowerment focused on improving social policy and social services, especially for the socially disadvantaged [8, 18, 19]. Over time, the concept of empowerment took on additional meanings [16, 20, 21], especially attaining the desired existential condition for individuals, groups, or communities [4]. In addition, the term has been used to describe various intervention methods and processes ("empowering intervention") that must be implemented to reach a desired end state. Some researchers see empowerment as a particular orientation which reflects both a concept and a process [22].

The purpose of empowering interventions is to bring about and support a process by which a person or group moves from a state of helplessness or passivity to a sense of greater control over their lives and more ability to make decisions, to actively influence the course of their lives, and to attain their goals [17, 19, 23–27]. Through empowerment-based intervention, people can learn to change their emotions and manage situations so as to maintain a sense of control [16, 28] and develop interpersonal skills, such as the abilities to negotiate, to express their thoughts and feelings more clearly, and to better manage their anger [21, 28, 29].

The empowerment process may include changes on the intrapersonal, interpersonal, or the community levels [6, 21, 24, 28]. On the intrapersonal level, empowerment involves acquiring knowledge, skills, and coping tools (e.g., independent action, negotiation, cooperation) needed for personal growth and action in one's social arena [10, 21, 28]. On the individual level, it increases persons' self-esteem [30, 31], decision-making ability, and sense of being able to act and achieve [16, 23], which in turn augment their confidence in their ability to manage their failures and to draw upon their inner strengths to carry out their tasks [32]. Other expected personal benefits of empowerment are increased motivation [16, 33] and augmented self-efficacy [34, 35]. At the interpersonal level, empowerment increases persons'

understanding of the need to build interactions with others [19, 33] and entails the development of various interpersonal and social skills [19, 28, 30, 36], including cooperation with others [7, 30, 37, 38] and ability to contribute to the work of groups, organizations, and other social entities [6].

At the community level, empowerment means, among other things, increasing one's awareness of existing differences in power, influence, and/or availability of resources in one's own or the community's environment, and developing understanding of the structural processes or systemic factors that create barriers that individuals or groups must contend with [6, 28, 39]. It also means increasing persons' participation in policymaking processes, self-help and mutual support activities, and social and community activities, as well as belonging to activity groups at various levels [6, 40].

1.2 Empowerment-related intervention techniques at the individual level

The present study examines social workers' perceptions of the potential of various intervention techniques to empower individuals. For this purpose, we first constructed a comprehensive list of such techniques, drawing upon O'Hare and colleagues' [41, 42] classification of intervention techniques. Based on the analysis of the responses of veteran social workers and graduate students in social work, and using a preliminary database of 75 techniques representing a variety of intervention procedures and approaches, O'Hare and colleagues identified 26 techniques that were used more than others and grouped them into four types: case management, therapy, insight, and support. Based on this work, they compiled a questionnaire, the Practice Skills Inventory (PSI) [43]. In two follow-up studies [43, 44], they validated the conceptual framework they had developed and showed that experienced social workers do indeed use the various techniques cited in the PSI questionnaire.

For the present study, we created an empirical tool to examine the use of the four categories of techniques described by O'Hare and Collins [43] and O'Hare et al. [44], as follows:

Case management techniques are used in the provision of social services [45]. Since applicants (i.e., clients, service recipients) usually need help in daily life tasks, the techniques include activities and services such as needs assessment, organizing service delivery, counseling, advocacy, help in procuring social assistance payments or with employment, housing, transportation, medical care, and so on [45]. Case management techniques are based, in part, on the assumption that social workers should mediate between applicants and the people and resources in the community and that they should help to engage other services or assistance that applicants may be unable or unmotivated to access [45, 46]. Since case management techniques may be applied mostly without the applicant's involvement [45], they may appear to have little empowerment potential [47]. However, inasmuch as they help applicants take an active part in defining their needs, implementing various activities, and attaining their goals, social workers may regard some of them as having some potential to foster clients' empowerment [48, 49].

Therapeutic techniques help applicants better understand their personal relationships and analyze how environmental factors affect their problems [43]. Such understanding may encourage persons to take measures to reduce the risks they face and to enlist others in helping them deal with the social and political obstacles they encounter [50]. The techniques include focusing on their clients' strengths, supporting the development of the skills and qualifications they need, and cultivating a sense of self-worth and enthusiasm to make decisions more effectively [51, 52]. In the view of social workers, these techniques may give applicants the tools to cope

with the stresses they face and to minimize dysfunctional ways of thinking that only add to their problems [53].

Support techniques can be used by social workers to help their clients feel comfortable, to forge a relationship with them based on trust and empathy, and to facilitate the implementation of the therapeutic plan [54]. They are necessary for the empowerment process in that they provide emotional and social support to clients in the difficult process of change [5, 6, 19]. Among other things, they may foster a comfortable working environment [55] and increase clients' self-confidence, motivation to work on their problems in therapy [54, 56], and readiness to open up to and confide in the social worker [43].

Insight techniques enable clients to carry out methodical self-examination so as to better understand themselves in their social and cultural contexts [57]. In the course of fostering insight, social workers help their clients to discover and reveal their feelings; to understand the past difficulties, experiences, and relationships that contributed to their present condition [54, 58]; and to learn from the past [59]. Developing insight in these and other matters involves strengthening clients' critical awareness [9, 60], which allows them to assess their ability to change their situations, solve problems, and achieve their goals [43]. Studies show that developing insight is essential to the empowerment process [60, 61].

1.3 Research goals

The present study focuses on the four above discussed intervention approaches, case management, therapy, support, and insight, which together encompass the key methods available for helping individual clients. The work is a pilot study with three goals. First, we examine social workers' perceptions of the empowerment potential of methods from all four types reviewed above, using a new research instrument described below. Second, we seek to explore how practitioners' perceptions of the empowerment potential of different techniques are related to or affected by their level of exposure to the issue of empowerment in the course of their professional training or later on at work.

Third, we seek preliminary evidence regarding the suitability of the research instrument for examining the perceptions of social workers from different cultures. This is because it is well documented that social workers' cultural backgrounds affect their perceptions of the causes, nature, and solutions of problems [62–65] as well as the techniques and strategies they use [66, 67]. Hence, the study was conducted on social workers from two different countries and cultures: Israel and the USA. Our intent is not to compare the perceptions of practitioners sampled from these two cultures, since we use convenience samples at this preliminary stage. Instead, we aim to examine patterns of results in order to inform hypothesis-building and methodologies for future studies in this unexplored area.

2. Methods

2.1 Participants and procedure

The study sample consisted of 260 social workers from two countries: Israel (57% of the sample) and the USA (43% of the sample). Participants in Israel were selected from 27 Jewish and Arab communities, to provide a cross section of social workers in various positions at a range of Israeli welfare agencies and organizations.

All the sampled social workers were engaged mainly in providing direct therapy to individuals or families. The sampling process combined stratified sampling and cluster sampling. Welfare offices were divided into two ethnic groups (based on whether the office in question was situated in a Jewish or Arab community), with a sample of offices within each stratum, to ensure representation of communities of different characteristics. Using directories published by the Israeli Ministry of Labor and Social Affairs, we contacted the director of each office to obtain approval of the data collection and to set up visiting dates. Explanations were provided about the study and the questionnaire to be put to the participants; respondents' anonymity was assured. Most of the questionnaires were completed on site during the visit, but some were sent back by standard mail. In the Israeli sample, 220 questionnaires were handed out and 148 (67%) returned, with precisely half the respondents (74) being Jews and the other half (74) Arab.

The second group consisted of a convenience sample of 112 social workers in the USA—comprising 43% of the study sample. Data were collected in three ways, to provide a varied sample of social workers of different backgrounds working in diverse contexts: (a) questionnaires were sent to 299 randomly selected members of the National Association of Social Workers (NASW) [68], 41 of whom responded; (b) questionnaires were sent to 199 social workers listed in the Yellow Pages and other online databases, 46 of whom responded; and (c) questionnaires were sent to 300 Boston University graduate students who were employed as social workers, 25 of whom responded. Each questionnaire was accompanied by a cover letter about the questionnaire and the anonymity of participants and a prepaid envelope for returning it by mail.

Characteristics of the study participants in both samples are presented in **Table 1**. As can be seen, the percentages of men and women and the percentages of full-time and part-time workers were similar in the two groups. A larger percentage of the American respondents held master's degrees, and they handled a smaller number of cases than their Israeli counterparts. In addition, the American respondents were older (mean age 48.28, SD 13.15) than the Israeli respondents (mean age 35.95, SD 9.76).

| Variable | USA (%) | Israel (%) |
|--|---------|------------|
| <i>Gender</i> | | |
| Men | 21.4 | 15.5 |
| Women | 78.6 | 84.5 |
| <i>Education</i> | | |
| Bachelor's degree | 24.1 | 76.0 |
| Master's degree and above | 75.9 | 24.0 |
| <i>Job type</i> | | |
| Full-time | 39.3 | 50.7 |
| Part-time | 60.7 | 49.3 |
| <i>Number of applicants under social worker's care</i> | | |
| 1–40 applicants | 64.3 | 37.2 |
| 40+ applicants | 25.9 | 55.9 |
| Unknown | 9.8 | 6.9 |

Table 1.
Characteristics of participants in the two study groups, in percentage (N = 260).

| Intervention techniques | US Mean (SD) | Israel Mean (SD) | T |
|---|-----------------|---------------------|---------|
| <i>Case management</i> | | | |
| Assessing clients' their level of material resources (i.e., food, clothing, shelter) | 2.94 (1.19) | 3.08 (0.89) | -1.02 |
| Advocating on behalf of clients | 3.16 (1.05) | 3.15 (1.05) | 0.08 |
| Analyzing social problems and policies relevant to the client's problem | 3.59 (1.01) | 2.85 (1.16) | 5.39** |
| Monitoring the delivery of services provided by other practitioners | 2.40 (0.98) | 3.14 (1.16) | -5.39** |
| Providing information about other services available to clients | 3.02 (0.95) | 3.76 (1.03) | -5.88** |
| Making referrals to other services | 2.84 (1.06) | 2.26 (1.11) | -3.04** |
| Networking with agencies to coordinate services | 2.85 (1.12) | 3.27 (1.06) | -3.02** |
| <i>Therapy</i> | | | |
| Helping clients analyze how environmental factors affect their problems | 4.23 (0.90) | 3.80 (0.90) | 3.80** |
| Encouraging clients to take action on their problems | 3.41 (1.12) | 4.49 (0.68) | -8.98** |
| Creating self-anchored scales with clients to monitor their progress | 3.80 (0.96) | 4.16 (0.72) | -5.15** |
| Helping clients reduce dysfunctional ways of thinking that contribute to their problems | 4.01 (0.91) | 3.88 (0.88) | -1.00 |
| Helping clients practice their new problem-solving skills outside of treatment visits | 4.25 (0.84) | 4.16 (0.77) | -1.82 |
| Teaching clients specific skills to deal with certain problems | 3.86 (0.92) | 4.07 (0.81) | -3.28** |
| Educating clients about how to prevent certain problems from re-occurring | 3.75 (0.90) | 4.20 (0.74) | 1.18 |
| Teaching clients skills to relieve their stress | 4.13 (0.88) | 3.91 (0.85) | 0.95 |
| Helping clients better understand their current personal relationships | 4.00 (0.68) | 4.28 (0.70) | -1.92 |
| Coaching clients in how to make decisions more effectively | 4.00 (0.93) | 4.25 (0.71) | -4.32** |
| Teaching clients how to monitor their own behaviors | 4.05 (0.88) | 4.54 (0.61) | 2.03 |
| <i>Support</i> | | | |
| Reflecting clients' thoughts and feeling to help them feel understood | 3.83 (0.94) | 4.25 (0.79) | -2.89** |
| Providing emotional support for clients | 3.61 (1.03) | 3.43 (0.98) | -2.42* |
| Pointing out clients' successes in order to increase their self-confidence | 3.56 (1.09) | 3.56 (0.91) | -4.97** |
| Helping clients to feel motivated to work on their problems in treatment | 3.83 (0.94) | 4.25 (0.79) | -3.81** |
| Helping clients feel like they want to open up to you | 3.61 (1.03) | 3.43 (0.98) | 1.47 |
| <i>Insight</i> | | | |
| Exploring with clients how past relationships contribute to the understanding of their current problems | 3.56 (1.09) | 3.56 (0.91) | 0.01 |

| Intervention techniques | US Mean (SD) | Israel Mean (SD) | T |
|---|-----------------|---------------------|--------|
| Gentle probing to help clients uncover troubling feelings | 4.05 (0.86) | 3.69 (0.99) | 3.10** |
| Helping clients learn from past experiences | 3.75 (1.02) | 3.91 (0.85) | -1.33 |

* $p < .05$, ** $p < .001$, *** $p < .0001$

Table 2.
Location and dispersion values of intervention techniques among subjects in Israel (N = 148) and the USA (N = 112).

| Type | Mean | SD | Number of techniques of this type | Cronbach α |
|-----------------|------|------|-----------------------------------|-------------------|
| Case management | 3.11 | 0.76 | 7 | 0.82 |
| Insight | 3.82 | 0.73 | 3 | 0.70 |
| Therapy | 3.97 | 0.54 | 11 | 0.82 |
| Support | 4.04 | 0.59 | 5 | 0.72 |

Table 3.
Location and dispersion values in ratings of intervention techniques, by type.

2.2 Instruments

Participants answered a two-part questionnaire. The first part consisted of 26 Likert-type items that gauged the participants’ perceptions of the empowerment potential of intervention techniques of the four types discussed earlier. For US sample, the items were taken from the Practice Skills Inventory questionnaire developed by O’Hare et al. [42]; for the Israeli sample, names of the different techniques were translated and adapted for the Israeli context [69]. A description of the questionnaire items is provided in **Table 2**, grouped by intervention type. The subjects were asked to rate the empowerment potential of the technique described in each item on a Likert scale from 1 (low) to 5 (high). **Table 3** presents the Cronbach’s alphas of the ratings of the techniques of each type. These show reliability scores within the acceptable range and not less than 0.70.

The second part of the questionnaire comprised items that ranked the respondent’s level of exposure to the issue of empowerment on a Likert scale (from 1 = low, to 5 = high) in three contexts: during their academic studies, through written materials at the workplace, and through information provided at a lecture, continued professional training, or instruction at the workplace. In addition, this part included questions about personal and professional background variables, including gender, age, education, number of applicants under their care, years of experience, and others. So as not to inadvertently lead the participants to social desirability responses, the questionnaire did not explicitly use the term *empowerment* in its title or define the concept.

3. Findings

Table 2 shows the participants’ mean ratings of the empowerment potential of the 26 intervention techniques. As can be seen, on a scale of 1–5, the mean range from 2.26 (for item 6, “Making referrals to other services” in the Israeli sample) to 4.54 (item 18, “Teaching clients how to monitor their own behaviors,” in the Israeli sample), suggesting that there is substantial variability in the Israeli subjects

perceptions of the empowering potential of different techniques, both within each sample and across the two samples. **Table 2** also shows that the empowerment potential of half the items (13 of 26) was rated higher by the Israeli respondents than by their US counterparts. In most cases, the difference, although not large in absolute terms, is statistically significant. The biggest difference was in the rating of item 9 (“Encouraging clients to take action on their problems.”), which the Israeli participants rated as being of very high empowerment potential (4.49), but the US group rated only as moderate (3.41).

There were also notable differences in standard deviations between the two groups. These are of interest as they reflect the in-group variability in the respondents’ views of the empowerment potential of each technique. For example, on the item with the largest inter-group mean difference (item 9), the ratings of Israeli group showed a great deal of consensus ($SD = 0.68$), while those of the US group showed a much larger dispersion ($SD = 1.12$). Although the differences were obtained only in convenience samples, which raises questions about their representativeness, these findings suggest that cultural differences may affect perceptions of the empowerment potential of intervention techniques.

Next, to gain a more comprehensive picture of the subjects’ perceptions of the empowerment potential of the various techniques, we calculated each respondent’s mean rating on the items in each of the four types of interventions (as featured in the leftmost column of **Table 2**). Descriptive statistics for these grouped findings are presented in **Table 3**, and the three key patterns in these findings are discussed below.

First, as the grand means in **Table 3** show, the interventions with the highest overall mean ratings are those of the therapy and support types, followed closely by those of the insight type. Interventions of the case management type are perceived as having comparatively low empowerment potential. Repeated measures analyses of variance showed that the differences were significant: $F(3,777) = 203.099$ ($p < 0.0001$). A Bonferroni adjusted paired comparisons test showed a significant difference (with confidence level of 95%) between the mean ratings of case management techniques and those of the other three types. The ratings of insight, therapy, and support techniques were significantly higher than the rating of case management techniques and did not differ significantly from one another.

Second, **Table 3** also shows that although the mean rating of case management techniques is significantly lower than the ratings of the other three types, it is not low in absolute terms. Rated at well over 3 on a scale of 1–5, these techniques too are perceived as having substantial empowerment potential.

Third, as can be seen in both **Tables 2** and **3**, there is noticeable variation in perceptions of the empowerment potentials of different techniques: **Table 2** shows relatively large standard deviations and hence less consensus among respondents in the ratings of the empowerment potentials of insight and case management techniques compared to the potentials of therapy and support techniques. In general, there is considerable variation in the perceived empowerment potential of different techniques of all types: the ratings of more than half the techniques (16 of 26) range across the entire spectrum of the 1–5 scale, while the ratings of the 10 other techniques range between 2 and 5.

A separate analysis was conducted on respondents’ self-reported exposure to information about empowerment and its association with empowerment potential ratings. The data are based on three questions, each asking the respondents to rate their level of exposure to empowerment issues in one of three contexts: academic

studies (i.e., as part of the basic studies in social work), written materials at work (i.e., reading professional papers or practice-related manuals), and oral training at work (i.e., participation in workshops, lectures, etc.).

Table 4 presents the distribution of exposure ratings in these three contexts, separately for the Israel and US samples. As can be seen, mean ratings, on a 0–4 scale, show a consistent pattern across both samples. Overall, mean ratings are not high and in some contexts even low. Respondents report more exposure to empowerment issues as part of basic academic training and lower levels of exposure at work, especially in the context of oral training, with the Israel sample ratings being somewhat higher. It is important to highlight that a sizeable proportion of both samples reports “very little” and even “no” level of exposure to empowerment in all contexts, with 24–46% in these two lowest categories in the Israeli sample and 18–70% in the US sample. (Note: We intentionally do not test for the significance

| Context | Mean | SD | Extent of exposure to empowerment | | | | |
|---------------------------------|------|------|-----------------------------------|----------------------------------|-----------|----------------------------|---------------|
| | | | 0 No | 1 Very little/ superficial | 2 Some | 3 Intermediate level | 4 A lot |
| <i>Israeli sample (N = 148)</i> | | | | | | | |
| Academic studies | 2.46 | 1.29 | 10.9 | 12.9 | 21.1 | 29.9 | 25.2 |
| Written materials at work | 2.13 | 1.25 | 16.9 | 10.1 | 27.0 | 35.1 | 10.8 |
| Training at work | 1.64 | 1.34 | 29.7 | 15.5 | 24.3 | 21.6 | 8.8 |
| <i>US sample (N = 112)</i> | | | | | | | |
| Academic studies | 2.66 | 1.37 | 12.5 | 5.4 | 25.0 | 17.9 | 39.3 |
| Written materials at work | 1.17 | 1.33 | 46.4 | 15.2 | 22.3 | 7.1 | 8.9 |
| Training at work | 0.97 | 1.48 | 56.3 | 13.4 | 18.8 | 5.4 | 5.4 |

Table 4.
Level of exposure to information about empowerment, in three contexts, by country.

| Level of exposure | Type of intervention | Context of exposure | | | |
|-------------------|----------------------|---------------------|------|----------|------|
| | | Written | | Training | |
| | | Mean | SD | Mean | SD |
| Low (0–2) | Case management | 2.86 | 0.82 | 3.00 | 0.82 |
| | Insight | 3.87 | 0.83 | 3.86 | 0.75 |
| | Therapy | 3.84 | 0.65 | 3.93 | 0.53 |
| | Support | 3.96 | 0.71 | 4.00 | 0.60 |
| High (3–4) | Case management | 3.22 | 0.71 | 3.19 | 0.72 |
| | Insight | 3.79 | 0.69 | 3.79 | 0.72 |
| | Therapy | 4.02 | 0.47 | 4.01 | 0.54 |
| | Support | 4.08 | 0.53 | 4.08 | 0.58 |

Table 5.
Mean ratings of empowering potentials of intervention techniques, by grouped level of exposure to information about empowerment and context of exposure (combined sample, N = 260).

of the differences between the samples in this regard, both because the sampling processes were not fully comparable and because our purpose is not to compare the samples but to gain an overall evaluation of patterns).

Finally, **Table 5** shows the associations between respondents' exposure to information about empowerment and their ratings of the empowerment potential of different techniques. For this analysis, and to simplify the presentation of results, we grouped respondents into two groups based on their level of exposure to empowerment, with one group containing those reporting no to little exposure (range 0–2) and the other group containing those with higher levels of exposure. Bonferroni parity comparisons show that regardless of the degree of exposure (lower or higher) or means of exposure (in writing or orally), the pattern of findings presented in **Table 3** was repeated. That is, case management-type interventions continued to be viewed as having lower empowerment potential, while the potentials of the other three types of techniques were rated as significantly higher. **Table 5** highlights that even respondents with relatively little or no exposure to empowerment issues, who constitute a sizable portion of the combined sample, on average rated most of the techniques as having a moderate or high empowering potential, and their ratings do not differ significantly from those of respondents with higher levels of exposure to empowerment.

4. Discussion

Even though the construct of empowerment occupies an important place in both social work practice and literature and with regard to both group-level and individual level practice, social workers' views of the empowering potential of different intervention techniques have not been studied empirically or systematically. The current study is a first attempt to shed light on this topic, with a focus on techniques that are suitable for individual-level social work interventions, as classified by O'Hare and Collins [43] and O'Hare et al. [44] into four broad types: case management, support, therapy, and insight. In order to collect preliminary evidence regarding the suitability of the research instrument for examining the perceptions of social workers from different cultures, we surveyed social workers both in Israeli (Jewish and Arab) and the USA. Given the exploratory nature of the study, the intention was not to statistically compare these two sample (which were gathered in different ways) but rather to look for overall patterns that may inform further research and theorizing.

The study yielded several surprising and important findings. First, the social workers rated all four types of intervention techniques as having quite high potential to foster empowerment at the individual-level. This finding raises questions about the validity of our assumptions. Given the importance ascribed to self-awareness and insight in the professional literature [54, 57, 58], our theory-based assumption was that social workers would regard intervention techniques in the areas of therapy and insight as having much higher potential to foster individual empowerment than case management and support techniques. Yet, the findings show that even though case management techniques were seen as having somewhat lower potential than therapy and insight techniques, their potentials, too, were rated as relatively high. Further, the pattern of findings was the same in the Israeli and US samples, suggesting that the findings are not limited to one culture but reflect a broad perception among social workers from diverse backgrounds.

Second, the degree of exposure to the information about empowerment-related techniques seemed to have little effect on the perceptions of the empowering

potential of the various techniques. Practitioners who reported having received little or no exposure to empowerment had almost the same views as practitioners who reported having received information about the subject, whether in their basic training and on the job. A similar pattern was noted by Douglas et al. [12], who reported that having a social work degree was not associated with strength-based practice, which is closely related to empowerment.

Third, the findings highlight substantial variability in social workers' perceptions of the empowering potential of the same techniques, even where the workers came from the same national culture. Such variability is also evident in the rather high standard deviations, which reflect an underlying dispersion of ratings of empowering potential. These three findings imply that perceptions of what is meant by empowerment and by "empowering" interventions may not be universal or even agreed upon. The lack of agreement may stem from a range of other differences, including in social work education and training, in the work environment, in agency-level or managerial messages, and/or in cultural factors, to name just a few. Further study is required to identify the sources or reasons for the lack of agreement observed in this study.

Taken together, the three key findings presented above highlight the need to further understand and critically evaluate how notions of empowerment are conveyed in the course of social work training, both during the initial education and training and later on as part of various professional development activities. Of concern is the wide diversity both in the levels of exposure to information about empowerment in these contexts and in the actual perceptions of the potentials of different interventions or methods to foster empowerment at the individual level. The diversities imply that although social workers may use the same professional terminology related to empowerment, they may ascribe different meanings to the words.

5. Conclusions and future directions

The above discussion has implications for social work education, practice, and research. In terms of education, they suggest a need for further investment in training. In terms of practice, they suggest the need for greater consensus among social workers on the link between their practice and system-wide goals related to clients' empowerment [70]. In terms of research, they point to the need for further study of on two related issues: the perceptions of social workers in individual level practice regarding fostering their clients' empowerment and the factors that may explain or are correlated with their diversity of views.

The present study is an exploratory investigation which used new research tools based on brief descriptions of 26 intervention techniques in four areas: case management, support, therapy, and insight. The findings suggest that these techniques, each in its own way, have the potential to help clients to reduce their dysfunctional ways of thinking, to employ their new problem-solving skills outside the treatment context, and to make use of their strengths and prior achievements and understand their personal relationships, to prevent certain problems from recurring and to monitor current behaviors and set goals for the future. However, clearly the range of possible techniques that can be used as part of individual-level intervention is not limited to this collection and can be broader. Future research is needed to expand the pool of techniques covered in the present study and to examine their factorial structure.

It is important to distinguish between social workers' perceptions of or attitudes towards various practice methods and how they actually use the methods in their practice. The present study queried workers' perceptions of or beliefs about

methods but not their use of the methods. Nor did it ask their explanations for their beliefs or use of the methods. It would be of interest to examine *why* many social workers believe that case management techniques have relatively good potential to foster client empowerment. Mixed-method qualitative studies are recommended to answer this question and to gain a deeper understanding of workers' personal meanings and perceptions of their actual practice [71, 72].

The present study employed convenience samples from two countries, Israel and the USA, to generate preliminary information about social workers' use of empowerment techniques. Future research, conducted on nationally representative samples, should examine the possible influence of cultural factors on notions of what constitutes empowerment and on ideas about what practices may support individual empowerment.

Overall, this exploratory study contributes to highlighting an important gap in the research on social work practice. Although the findings show that practitioners from different cultural backgrounds hold somewhat different views of what methods can help them to empower their clients, little cross-country comparison has been conducted on this subject. Given the paucity of systematic research on this subject to date [14, 15], further research is needed to gain better understanding of the factors that affect both the choice and the impact of intervention methods that social workers actually employ in attempting to promote their clients' empowerment at the individual level.

In closing, it is essential to reiterate that the present study has focused on empowerment in the context of work with individual clients of social services. To date, the social work literature emphasizes that empowerment process can or should be addressed or promoted at the group or community level, where clients can explore collective notions of helplessness and ways of developing a joint sense of control over their behaviors and social environments [5, 6]. Little is known about how social workers perceive the relative efficacy or empowering potential of different intervention methods that are suitable for group-level or community work. The methodology developed for the present study may be applied, with adaptations where necessary, to future research, with the aim of promoting effective practice that can contribute to client empowerment at the individual, group, and community levels.

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